

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

MALIK L. BROWN

Write the full name of each plaintiff.

-against- see attached

STEPHEN URBANSKI

ISSA YUNES

JOSEPH DEACON

MARK DELBIANCO

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

No.

21cv214

(To be filled out by Clerk's Office)

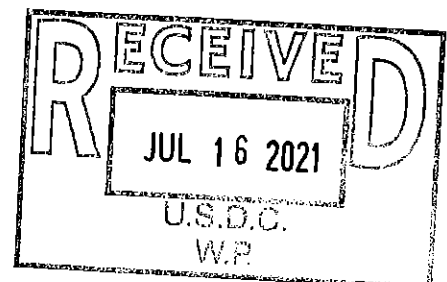
FIRST
AMENDED
COMPLAINT
(Prisoner)

Do you want a jury trial?

☒ Yes ☐ No

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.



ALEXANDER MINARD
BRENDAN WALSH
DANIELLE GEBRON
ANTHONY ANNUCCI

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

MALIK L BROWN
First Name Middle Initial Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

16A1000

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

ATTICA CORRECTIONAL FACILITY
Current Place of Detention

639 Exchange Street
Institutional Address

Attica
County, City

NY
State

14011-0149
Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☐ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☒ Convicted and sentenced prisoner

☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:	STEPHEN URBANSKI		
	First Name	Last Name	Shield #
	Deputy Supt of Security		
	Current Job Title (or other identifying information)		
	(F.C.F.) 271 Matteawan Rd P.O. Box 1245		
	Current Work Address		
	Beacon	NY	12508
	County, City	State	Zip Code
Defendant 2:	ISSA YUNES		
	First Name	Last Name	Shield #
	Correctional Officer		
	Current Job Title (or other identifying information)		
	(F.C.F.) 271 Matteawan Rd, P.O. Box 1245		
	Current Work Address		
	Beacon	NY	12508
	County, City	State	Zip Code
Defendant 3:	JOSEPH DEACON		
	First Name	Last Name	Shield #
	Correction Sergeant		
	Current Job Title (or other identifying information)		
	(F.C.F.) 271 Matteawan Rd, P.O. Box 1245		
	Current Work Address		
	Beacon	NY	12508
	County, City	State	Zip Code
Defendant 4:	MARK DELBIANCO		
	First Name	Last Name	Shield #
	CORRECTIONAL OFFICER		
	Current Job Title (or other identifying information)		
	F.C.F. 271 Matteawan Rd, P.O. Box 1245		
	Current Work Address		
	Beacon	NY	12508
	County, City	State	Zip Code

(NOTE:) I am Bringing my claims
against all defendants under
their individual & professional
capacity.

Defendant: 5. Alexander Minard

Correctional Officer
First Name Last Name

(F.C.F) 271 Matteawan Rd, P.O. Box 1245
Current job title

Beacon NY 12508
Current work address
county, city state zip code

Defendant: 6 Brendan Walsh

Correctional Officer

(F.C.F) 271 Matteawan Rd, P.O. Box 1245

Beacon NY 12508

Defendant: 7 DANIELLE Cebon

Nurse at F.C.F

(F.C.F) 271 Matteawan Rd, P.O. Box 1245

Beacon NY 12508

Defendant: 8 Anthony Annucci

Acting Commissioner of Corrections

The Hartman State Campus Bldg 2 1220 Washington Ave

Albany, New York 12226-2050

V. STATEMENT OF CLAIM

Place(s) of occurrence: 21^A Keoplock Yard Fishkill Correctional Facility

Date(s) of occurrence: June 14th 2020

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

On the above date and year while under/ in mechanical restraints I was brutally assaulted by another inmate whom mechanical restraints were compromised/unsecure. I file this claim for the following constitutional violations 8th Amendment (Inadequate medical care, overcrowding) conditions of my confinement in part of the (deprivation) of my (basic necessity) (Recreation) employee negligence / failure to protect me from assault under their care and supervision. the following defendants willfully turned blind to the elevated risk of such confinement due to 37 days mechanically restrained with several others in baking sun unnecessary use of force

① Stephen Urbanski (D.S.S.) deprived me of the right to exercise physically without issuing me any order as to why & how it became so that as a situ inmate I'm not entitled an hour of unrestrained rec. I was put in substantial risk in a overcrowded yard mechanically subdued with several others. ② Issa Yunes (C.O.) stood and watched my assault he did not attempt to administer

any Oleoresin Capsicum spray this officer was close to my assault and did nothing to help me fend off my attacker / prevent any further injury under his supervision I was left to fend for myself in a life or death situation ③ Joseph Deacon recreation

supervisor along with C.O.s watched my assault from beginning to the end falsified the (U.S.A. (U.S.F.) Sgt. Deacon gave staff an order to use force against me and I

was the victim Mark Delbranco used unnecessary use of force and exposed my open wounds to the chemicals of the Oleoresin Capsicum spray at the order of Sgt. Deacon then lied on VOF to satisfy his actors. Even telling two different accounts I was always the victim not the aggressor but unnecessary use of force was still used after the fact. ⑤ Alexander Minard & ⑥ Brendan Walsh forsook the assault before I as well as Sgt. Deacon but gave false report to cover up the negligence on their behalf these officers applied the restraints. I've had a argument with 1,2,3,4,5,6. Prior to my assault officer's showed no care for my safety they all lied about the time & facts of incident to cover the corruption & negligence on there behalf. ③ said my attacker's last name I was then immediately struck NO STATE activated their body cameras during to entire assault these officers negligently failed to secure a known violent inmate restraints and for over ten minutes let this offender roam the KL yard with no waist chains on ->

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

- ① 3cm laceration ② scalp hairline ③ Swollen 7cm x 7cm area
- ④ superficial abrasions ⑤ bilateral superficial elbow abrasions ⑥ 2 superficial abrasions ⑦ Leg below knee
- ⑧ superficial abrasion ⑨ 3rd Finger ⑩ 2 superficial abrasions
- ⑪ hand top wounds cleansed sent to outside hospital only to be sent back that night for ⑫ 1cm x 0.1cm laceration
- ⑬ side of my head hospital refused to treat me

VI. RELIEF

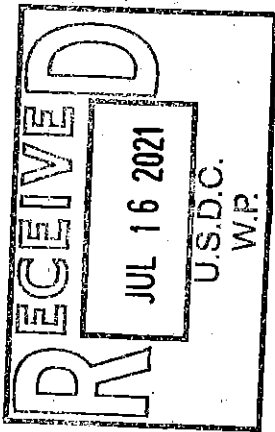
State briefly what money damages or other relief you want the court to order.

I seek \$360,000 ^{all together} in Compensatory damages for the physical pain & suffering as well ^{mental anguish} as ongoing medical issues since ^{this} assault. ^{emotional suffering} we been prescribed numerous medications to help me cope as I'm unsure of my future physical ^{mental} state. \$140,000 in punitive damages for the violation of my constitutional rights. I want a jury trial & to ensure nobody goes thru's this experience again I will never be the same
MALIK L. BROWN

Continuation

This clear disregard for the safety of me or ~~others~~ others could of caused my life the officers blindly and willingly ignored their training as an employee or agent of the government these individuals abandoned their duties which resulted in my assault the blatant negligence & disregard for the safety of prisoners under the supervision of those six for over ten minutes my attacker roamed the KL yard with no waist chains, how do you miss that transcript from the video state my assault was at 9:38 or some time the employees put the time of incident almost 30 mins after to satisfy the false reports I was given inadequate medical care

⑦ Danielle Corbron, (nurse) failed to properly examine me I wasn't brought to medical ~~at~~ until after 10:00pm & I wasn't examined until 20 minutes after I went almost a hour untreated the seriousness of my injury were not taken seriously & nurse Corbron falsified reports to satisfy 1-6 recollection of events that transpired. I have documented evidence stating



confirmation

That this nurse didn't examine me multiple false reports were given to satisfy the negligence I was given inadequate care sent to the hospital & back to be sent back to the hospital the same night for an unseen, untreated head wound I wasn't treated by medical staff at F.C.F as someone in need of medical assistance I was seen as somebody who was left untreated to hide the wrongdoing.

② Anthony Annucci. I bring claim against Mr. Annucci for the failure to supervise & oversee the executive decisions that occurred at F.C.F which led to these Constitutional violations I was taken out of the (S.H.U) to be chained in KL yard with several others depriving me of my (8 am) right. This is negligence on Mr. Annucci's behalf as Acting Commissioner of Corrections is a clear carelessness of his duties after my assault I was stuck in S.H.U with Covid 19 patients then shipped out to

multiple boxes. I will never be the same mentally I daily struggle with the noise of keys, chains, cells, I'm on multiple mental health medications, as well as prescribed medical meds for increase blood pressure, & headaches till this day I get headaches that are so painful it feels like pressures on my Brain I have a stutter that I've never had, induced level of anxiety, paranoia, loss of sleep, appetite, ~~and~~ as well as uncontrolled emotional & mental fits my feeling of safety will never be the same my trust in people will never be the same when I wake up I'm give 5 pills before I sleep I'm given 3 more this experience forever changed my life to the point I don't feel safe around my family I'm forever mentally & emotionally scared and I need help daily to cope with this new me.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

July 11th, 2021
 Dated
MALIK L BROWN
 First Name Middle Initial Last Name
Attica Correctional Facility 639 Exchange Street
 Prison Address
Attica NY 14011-0149
 County, City State Zip Code

Date on which I am delivering this complaint to prison authorities for mailing:

7/11/2021

FORM #2104A (3/16)
1 of 2
Rel. Directives #4004, #4944
(Prior To Completing Form,
See Reverse For Instructions)

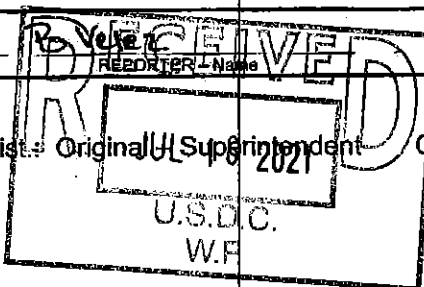
STATE OF NEW YORK – DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

There are 00 other reports filed under this Use of Force Log #

USE OF FORCE STAFF MEMORANDUM

[illegible]

Dist.: Original 1 Superintendent Copy – Guidance Unit file(s) of inmate(s) involved



CONTINUED

FORM 2104A (3/16)
2 of 2
Ref. Directive #4004, #4944

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

There are ____ other
reports filed under this
Use of Force Log #USE OF FORCE
STAFF MEMORANDUM

TYPE OF FORCE USED	99	01 Baton 02 Body Hold	03 Chemical Agents 04 Mechanical Restraints	05 Use of Firearms 06 Shield	07 Strike 99 Other
<p>DESCRIBE, IN DETAIL, THE ACTUAL FORCE USED (This should include, but not be limited to, the following information if known by reporter; individuals involved in event; reason force was necessary under the circumstances; description of any weapon or equipment used; description of any hold or strike used; if chemical agent(s) was used, name of authorizing individual.)</p> <p>Upon my arrival I observed several officers on the ground with an Inmate. I was directed by Sgt Deacon to remove Inmate Brown 16A1000 who was fully restrained out of area. I then assisted Inmate Brown to his feet and escorted him to the fence.</p>					
<p>DESCRIBE, IN DETAIL, ACTION(S) TAKEN FOLLOWING THE UOF (This should include, but not be limited to, the following information: Description of any injuries you sustained.)</p> <p>Due to extent of injury to Inmate Brown 16A1000 I C.O B.Velez then escorted Inmate Brown to the Rm with no further incident</p>					
B. Velez		B. Velez		C.O	6/14/20
REPORTER - Name		Signature		Title	Date

Dist.: Original - Superintendent

Copy - Guidance Unit file(s) of Inmate(s) involved

FORM #2104 (3/18)

Part A 1 of 2

Ref. Directives #4004, 4944
(Prior to Completing Form,
see Reverse for Instructions)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

There are _____ other
reports filed under this
Use of Force Log #**USE OF FORCE REPORT**

REPORTING STAFF		REPORTING STAFF	
Name:	J. Deacon		Title: Sergeant
FACILITY:	Fishkill CF	INCIDENT DATE:	6/14/2020
INCIDENT LOCATION:	Keep Lock Yard	INCIDENT TIME:	10:05AM
I. REPORT OF INCIDENT		Facility Use of Force: [REDACTED]	
INMATE(S) INVOLVED		If Unusual Incident, CCC Log #: [REDACTED]	
Name	DIN	Cell/Cube Locations	Role Code*
Brown, Malik	16A1000	JH-00-007	05
* 01 Bystander 02 Participant 03 Perpetrator 04 Suspect 05 Victim 06 Witness			
IDENTIFY ALL STAFF INVOLVED IN THE USE OF FORCE (UOF)			
1. M. DelBianco		5.	
2. B. Walsh		6.	
3. A. Minard		7.	
4. I. Yunes		8.	
IDENTIFY ALL STAFF PRESENT DURING THE UOF			
1. Sgt. J. Deacon		5. I. Yunes	
2. M. DelBianco		6. B. Velez	
3. B. Walsh		7.	
4. A. Minard		8.	
DESCRIBE, IN DETAIL, THE EVENTS LEADING UP TO THE APPLICATION OF FORCE (This should include, but not be limited to, the following information: Reason you were at that location; description of de-escalation attempt(s) made and the inmate's response to that effort.)			
On the above date at approximately 10:05 AM I was observing Keep Lock Rec. I heard a commotion and turned towards the area where the SHU inmates were on recreation and observed Inmate [REDACTED] striking Inmate Brown, M. 16A1000 with his waist chain. Officer I. Yunes gave several orders to stop and Inmate [REDACTED] continued striking Inmate Brown knocking him to the ground. Officer A. Minard called a [REDACTED] was called to the Keep Lock Yard.			
J. Deacon REPORTER - Name		Sergeant TITLE	
[Signature] SIGNATURE		6/14/2020 DATE	

DISTRIBUTION: ORIGINAL - SUPERINTENDENT

COPY - GUIDANCE UNIT FILE(S) OF INMATE(S) INVOLVED

CONTINUED

FORM #2104 (3/16)

Part A 2 of 2

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

There are ___ other
reports filed under this
Use of Force Log #

Ref. Directives #4004, 4944

USE OF FORCE REPORT

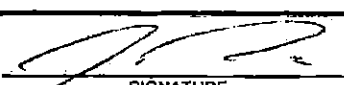
TYPE OF FORCE USED <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 01 02 </div>	01 Baton 02 Body Hold	03 Chemical Agents 04 Mechanical Restraints	05 Use of Firearms 06 Shield	07 Strike 08 Other
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DESCRIBE, IN DETAIL, THE ACTUAL FORCE USED (This should include, but not be limited to, the following information if known by the reporter: Individuals involved in event; reason force was necessary under the circumstances; description of any weapon or equipment used; description of any hold or strike used; if chemical agent(s) was used, name of authorizing individual.)

Officer Yunes grabbed Inmate [REDACTED] around the upper body forcing him to the ground attempting to maintain downward pressure with both hands on Inmate [REDACTED] back. Inmate [REDACTED] continued resisting and continued his attack on Inmate Brown. I gave staff and order to use OC pepper spray. Officer DelBianco administered one application of two one second bursts of OC pepper spray to Inmate [REDACTED] facial area from can [REDACTED]. Officer Walsh grabbed ahold of Inmate [REDACTED] legs pulling him off Inmate Brown and maintaining downward pressure on both legs using his left hand on Inmate [REDACTED] left leg and right hand on his right leg. Officer DelBianco gained control of Inmate [REDACTED] right shoulder by applying downward pressure to his right shoulder and Officer Minard gained control of Inmate [REDACTED] by applying downward pressure to his left shoulder. Officer B. Velez was directed to assist Inmate Brown to his feet and escort him over to the fence. Due to the severity of Inmate Brown's injuries I directed Officer Velez to take him to the RMU for medical evaluation. Officer Yunes stood up and began directing the remaining SHU inmates to stay back and face the wall. Officer Walsh released Inmate [REDACTED] legs to gain control of his left arm. Officer Minard moved to the front of Inmate [REDACTED] and took control of the loose waist chain. I ordered Officer Minard to remove Inmate [REDACTED] left arm from the mechanical restraints and Officer Walsh used his right hand and Officer DelBianco used his left hand forced Inmate [REDACTED] left arm behind his back. Officer Minard removed the waist chain from the mechanical restraints still attached to Inmate [REDACTED] right wrist. Officer DelBianco gained control of Inmate [REDACTED] right arm and forced Inmate [REDACTED] right arm behind his back. Officer DelBianco reapplied the mechanical restraints to Inmate [REDACTED] left wrist. All force ceased.

DESCRIBE, IN DETAIL, ACTIONS TAKEN FOLLOWING THE UOF (This should include, but not be limited to, the following information: Description of any injuries you sustained.)

Both inmates were escorted to the RMU for medical assessment. Inmate Brown was medically assessed by RN Cebren noting 1 1/4 inch laceration to his forehead, 2 1/2 x 2 1/2 swollen area to the back of his head and abrasions to his hip, elbows, left leg and both hands. Inmate Brown was transported to St. Lukes Hospital via state van for further medical assessment. Dr. Goldstein placed 4 staples to close the laceration on Inmate Brown's forehead. Inmate [REDACTED]

J. Deacon REPORTER - Name	 SIGNATURE	Sergeant TITLE	6/14/2020 DATE
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Dist: Original - Superintendent

Copy - Guidance unit file(s) of inmate(s) involved

There are other
reports filed under this
Use of Force Log #

REPORTING STAFF		REPORTING STAFF	
Name: A. Minard		Title: C.O.	
FACILITY: Fishkill		Incident Date: 6-14-2020	
Incident Location: Keppeler Yard		Incident Time: 10 ⁰⁵ AM	
I. REPORT OF INCIDENT		Facility Use of Force: [REDACTED]	
INMATE(S) INVOLVED			
Name	DIN	Cell/Cube Locations	Role Code*
S. Collins	09A 3791	6-13	03
IDENTIFY ALL STAFF INVOLVED IN THE USE OF FORCE (UOF)			
1. I. Yunes		5.	
2. A. Minard		6.	
3. B. Walsh		7.	
4. M. DeBicenzo		8.	
IDENTIFY ALL STAFF PRESENT DURING THE UOF			
1. I. Yunes		5. B. Velaz	
2. A. Minard		6. J. Deacon	
3. B. Walsh		7.	
4. M. DeBicenzo		8.	
DESCRIBE, IN DETAIL, THE EVENTS LEADING UP TO THE APPLICATION OF FORCE (This should include, but not be limited to, the following information: Reason you were at that location; description of de-escalation attempt(s) made and inmate's response to that effort.) On the above date and approximate time I officer Minard was working my post in the Keppeler Yard. I observed Inmate [REDACTED] swinging his waistchain and striking Inmate Brown in the back. At this time officer I. Yunes and myself were giving multiple direct orders to Inmate [REDACTED] to stop swinging his waistchain to which he refused. At this time a use of force ensued.			
REPORTER - Name			
Signature			
Title			
Date			

Copy – Guidance Unit file(s) of inmate(s) involved

CONTINUED

FORM #2104 (3/18)
Part A 2 of 2STATE OF NEW YORK – DEPARTMENT OF CORRECTIONS AND COMMUNITY
SUPERVISIONThere are ___ other
reports filed under this
Use of Force Log #

Ref. Directives #4004, #4044

USE OF FORCE REPORT

TYPE OF FORCE USED	02	01 Baton 02 Body Hold	03 Chemical Agents 04 Mechanical Restraints	05 Use of Firearms 06 Shield	07 Strike 99 Other
<p>DESCRIBE, IN DETAIL, THE ACTUAL FORCE USED (This should include, but not be limited to, the following information if known by the reporter: Individuals involved in event; reason force was necessary under the circumstances; description of any weapon or equipment used; description of any hold or strike used; if chemical agent(s) was used, name of authorizing individual.)</p> <p>I officer A. Minard observed officer T. Yunes grab a belt of Inmate [redacted] body and force him to the ground. Once on the ground Inmate [redacted] continued to fight with Inmate known, at which time officer M. DeBianco administered G.L. pepper spray. I then took control of Inmate [redacted] left shoulder by applying downward pressure with both of my hands. Officer B. Walsh then took control of Inmate [redacted] left shoulder as I took control of the waistchain attached to the mechanical restraints on Inmate [redacted] wrists. I was then given a direct order from Sgt J. Demeco to remove the waistchain from the mechanical restraints I was then given a direct order to remove the mechanical restraints from Inmate [redacted] left wrist. Once the mechanical restraint was removed officer M. DeBianco placed inmate [redacted] right arm behind his back and officer Walsh assisted in reapplying the mechanical restraints to Inmate [redacted] left wrist behind his back. Once the mechanical restraints were re applied all force ceased.</p> <p>DESCRIBE, IN DETAIL, ACTION(S) TAKEN FOLLOWING THE UOF (This should include, but not be limited to, the following information: Description of any injuries you sustained.)</p> <p>[redacted]</p>					
<p>REPORTER - Name: A. Minard</p> <p>Signature: [Signature]</p> <p>Title: C.O.</p> <p>Date: 6-14-2020</p>					

Dist: Original-Superintendent

Copy-Guidance unit file(s) of inmate(s) involved

FORM #2104A (3/18)
1 of 2
Ref. Directivas #4004, #4944
(Prior To Completing Form,
See Reverse For Instructions)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

There are other
reports filed under this
Use of Force Log #

USE OF FORCE STAFF MEMORANDUM

REPORTING STAFF		REPORTING STAFF	
Name: M. DELBIANCO		Title: C.O.	
FACILITY: FISHKILL		Incident Date: 6-14-20	Facility Use of Force: [REDACTED]
Incident Location: KEEP LOCK YARD		Incident Time: APPROXIMATELY 10:45 AM	
I. REPORT OF INCIDENT			
INMATE(S) INVOLVED			
Name	DIN	Cell/Cube Locations	Role Code*
BROWN, M	16A/000	0-7	05
*01 Bystander *02 Participant *03 Perpetrator *04 Suspect *05 Victim *06 Witness			
IDENTIFY ALL STAFF INVOLVED IN THE USE OF FORCE (UOF)			
1. M. DELBIANCO		5.	
2. B. WAISH		6.	
3. A. MINARD		7.	
4. I. YUNES		8.	
IDENTIFY ALL STAFF PRESENT DURING THE UOF			
1. SGT. DEACON		5. A. MINARD	
2. B. VELER		6. I. YUNES	
3. M. DELBIANCO		7.	
4. B. WAISH		8.	
DESCRIBE, IN DETAIL, THE EVENTS LEADING UP TO THE APPLICATION OF FORCE (This should include, but not be limited to, the following information: Reason you were at that location; description of de-escalation attempt(s) made and inmate's response to that effort.) ON THE ABOVE DATE AND APPROXIMATE TIME I, CO DELBIANCO, RESPONDED TO A CODE 10 IN THE KEEPLOCK YARD. UPON ARRIVAL I, CO DELBIANCO, OBSERVED CO MINARD AND CO YUNES ON THE GROUND ATTEMPTING TO GAIN COMPLIANCE OF INMATE BROWN 16A/000 AND INMATE [REDACTED] WHO APPEARED TO BE FIGHTING ON THE GROUND			
REPORTER - Name			
Signature			
Title			
Date			

Dist.: Original – Superintendent Copy – Guidance Unit file(s) of inmate(s) involved

CONTINUED

FORM 2104A (3/16)
2 of 2
Ref. Directive #4004, #4944

STATE OF NEW YORK – DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

There are ___ other
reports filed under this
Use of Force Log #USE OF FORCE
STAFF MEMORANDUM

TYPE OF FORCE USED	02 04 03	01 Baton 02 Body Hold	03 Chemical Agents 04 Mechanical Restraints	05 Use of Firearms 06 Shield	07 Strike 99 Other
<p>DESCRIBE, IN DETAIL, THE ACTUAL FORCE USED (This should include, but not be limited to, the following information if known by reporter; individuals involved in event; reason force was necessary under the circumstances; description of any weapon or equipment used; description of any hold or strike used; if chemical agent(s) was used, name of authorizing individual.)</p> <p>AS DIRECTED BY SGT DEACON I, CO DELBIANCO, DISPENSED 1 APPLICATION OF OC SPRAY CONTAINING 2 1 SECOND PUNCT FROM CANNISTER 80. THE OC SPRAY HAD ITS DESIRED EFFECT ON BOTH INMATES. AT THIS TIME CO MINARD MAINTAINED CONTROL OF INMATE [REDACTED] LEFT SHOULDER AS I, CO DELBIANCO, APPLIED DOWNWARD PRESSURE ON INMATE [REDACTED] RIGHT SHOULDER WITH BOTH HANDS. SGT DEACON THEN DIRECTED CO MINARD TO REMOVE INMATE [REDACTED] LEFT HAND OFF TO BE RE-APPLIED BEHIND HIS BACK. AT THIS TIME I ASSISTED CO WALSH WITH BRIBING INMATE [REDACTED] LEFT ARM BEHIND HIS BACK USING MY LEFT HAND. USING MY RIGHT HAND I GAINED CONTROL OF INMATE [REDACTED] RIGHT ARM AND BROUGHT IT BEHIND HIS BACK AND APPLIED MECHANICAL RESTRAINTS TO INMATE [REDACTED] LEFT WRIST. ALL FORCE LEASED AT THIS TIME.</p>					
<p>DESCRIBE, IN DETAIL, ACTION(S) TAKEN FOLLOWING THE UOF (This should include, but not be limited to, the following information: Description of any injuries you sustained.)</p> <p>[REDACTED]</p>					
<p>REPORTER - Name: M. DELBIANCO</p> <p>Signature: [Signature]</p> <p>Title: C.O.</p> <p>Date: 6-14-20</p>					

Dist.: Original – Superintendent

Copy – Guidance Unit file(s) of inmate(s) involved

FORM #2104A (3/16)
1 of 2
Ref. Directives #4004, #4944
(Prior To Completing Form,
See Reverse For Instructions)

STATE OF NEW YORK – DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

There are ___ other
reports filed under this
Use of Force Log #

USE OF FORCE STAFF MEMORANDUM

REPORTING STAFF Name: <u>I. Yunes</u>		REPORTING STAFF Title: <u>Correction Officer</u>	
FACILITY: <u>Fishkill</u>	Incident Date: <u>6-14-20</u>	Facility Use of Force: [REDACTED]	
Incident Location: <u>Keeplock Yard</u>	Incident Time: <u>Approx. 10:05 AM</u>		
I. REPORT OF INCIDENT			
INMATE(S) INVOLVED			
Name	DIN	Cell/Cube Locations	Role Code*
<u>M. Brown</u>	<u>16A1000</u>	<u>KLO # 7</u>	<u>05</u>
*01 Bystander 02 Participant 03 Perpetrator 04 Suspect 05 Victim 06 Witness			
IDENTIFY ALL STAFF INVOLVED IN THE USE OF FORCE (UOF)			
1. <u>A. Minard</u>	5.		
2. <u>B. Walsh</u>	6.		
3. <u>M. DelBianco</u>	7.		
4. <u>I. Yunes</u>	8.		
IDENTIFY ALL STAFF PRESENT DURING THE UOF			
1. <u>A. Minard</u>	5. <u>J. Deacon</u>		
2. <u>B. Walsh</u>	6. <u>I. Yunes</u>		
3. <u>M. Delbianco</u>	7.		
4. <u>B. Velez</u>	8.		
DESCRIBE, IN DETAIL, THE EVENTS LEADING UP TO THE APPLICATION OF FORCE (This should include, but not be limited to, the following information: Reason you were at that location; description of de-escalation attempt(s) made and inmate's response to that effort.)			
<u>On the above date and approximate time, I</u> <u>Officer Yunes observed Inmate</u> <u>striking Inmate Brown #16A1000 with his waist chain.</u> <u>As I approached them, I gave them several direct orders</u> <u>to get on the ground but Inmate</u> <u>to swing his chain.</u>			
<u>I. Yunes</u> REPORTER - Name	<u>[Signature]</u> Signature	<u>CO</u> Title	<u>6-14-20</u> Date

Dist.: Original – Superintendent

Copy – Guidance Unit file(s) of inmate(s) involved

FORM #2104A (3/16)
1 of 2
Ref. Directives #4004, #4944
(Prior To Completing Form,
See Reverse For Instructions)

STATE OF NEW YORK – DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

There are ___ other
reports filed under this
Use of Force Log #

USE OF FORCE STAFF MEMORANDUM

REPORTING STAFF		REPORTING STAFF	
Name: <u>B Walsh</u>		Title: <u>Correction Officer</u>	
FACILITY: <u>Fishkill</u>		Incident Date: <u>6/14/2020</u>	
Incident Location: <u>Keedlock Yard</u>		Incident Time: <u>Approx 10:05 AM</u>	
I. REPORT OF INCIDENT			
INMATE(S) INVOLVED			
Name	DIN	Cell/Cube Locations	Role Code*
<u>Brown, M</u>	<u>16 A 1000</u>	<u>0-7</u>	<u>05</u>
<small>*01 Bystander 02 Participant 03 Perpetrator 04 Suspect 05 Victim 06 Witness</small>			
IDENTIFY ALL STAFF INVOLVED IN THE USE OF FORCE (UOF)			
1. <u>B Walsh</u>	5.		
2. <u>M DelBianco</u>	6.		
3. <u>I Yunes</u>	7.		
4. <u>A Minard</u>	8.		
IDENTIFY ALL STAFF PRESENT DURING THE UOF			
1. <u>B Walsh</u>	5. <u>B Velez</u>		
2. <u>M DelBianco</u>	6. <u>Sgt Deacon</u>		
3. <u>I Yunes</u>	7.		
4. <u>A Minard</u>	8.		
DESCRIBE, IN DETAIL, THE EVENTS LEADING UP TO THE APPLICATION OF FORCE (This should include, but not be limited to, the following information: Reason you were at that location; description of de-escalation attempt(s) made and inmate's response to that effort.) <u>On the above date and approximate time while working KLS 2 I responded to a [redacted] in the Keedlock Yard. Upon arrival I observed Inmate [redacted] swinging his waist chain multiple times at Inmate Brown 16 A 1000</u>			
<u>B Walsh</u> <u>B Walsh</u> <u>CO</u> <u>6/14/2020</u> REPORTER - Name Signature Title Date			

Dist.: Original – Superintendent

Copy – Guidance Unit file(s) of inmate(s) involved

CONTINUED

FORM 2104A (3/16)
2 of 2
Ref. Directive #4004, #4944

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

There are ___ other
reports filed under this
Use of Force Log #**USE OF FORCE
STAFF MEMORANDUM**

TYPE OF FORCE USED	02	01 Baton 02 Body Hold	03 Chemical Agents 04 Mechanical Restraints	05 Use of Firearms 06 Shield	07 Strike 99 Other
DESCRIBE, IN DETAIL, THE ACTUAL FORCE USED (This should include, but not be limited to, the following information if known by reporter; individuals involved in event; reason force was necessary under the circumstances; description of any weapon or equipment used; description of any hold or strike used; if chemical agent(s) was used, name of authorizing individual.)					
<p>As I approached the inmates I observed Inmate [redacted] on top of Inmate Brown appearing to fight. I grabbed both of Inmate [redacted] legs with both my hands and pulled him off of Inmate Brown. I maintained downward pressure with my left hand on his left leg and downward pressure with my right hand on his right leg. I then moved to his left side and assisted Co DelBianco in bringing his left arm behind his back. I maintained control of his left wrist with my right hand as Co DelBianco brought his right arm behind his back and mechanical restraints were applied by Co DelBianco. All force ceased at this time.</p>					
DESCRIBE, IN DETAIL, ACTION(S) TAKEN FOLLOWING THE UOF (This should include, but not be limited to, the following information: Description of any injuries you sustained.)					
[redacted]					
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 25%;"> <p><u>B. Walsh</u></p> <p>REPORTER - Name</p> </div> <div style="width: 25%;"> <p><u>B. Walsh</u></p> <p>Signature</p> </div> <div style="width: 15%;"> <p><u>CC</u></p> <p>Title</p> </div> <div style="width: 35%;"> <p><u>6/14/2020</u></p> <p>Date</p> </div> </div>					

Dist.: Original - Superintendent

Copy - Guidance Unit file(s) of inmate(s) involved

FORM 3105 (11/11)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

AMBULATORY HEALTH RECORD PROGRESS NOTE

Name <u>Brown</u>	DIN <u>16A1000</u>	Date of Birth <u>12/27/92</u>	Facility Name <u>FCF</u>
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Subjective: UOF
per security tm hit over head
2 chains by another inmate

Last Name Brown
DIN 16A1000 Location CC

Objective: 99% 77HR 16resp 99% 140
NAD noted ATOX3 Agitated
Bleeding from ② scalp area cleansed ② NS

Provider Orders: NS

Assessment: ① 3cm lacer ② scalp hairline ③ swelling (7mm x 7mm)
④ 2 superficial abrasions ⑤ bilateral superficial
Plan: abrasions on elbows ⑥ 2 superficial
abrasions below ⑦ knee ⑧ superficial
abrasion ⑨ 3rd finger tip ⑩ 2
superficial abrasions top ⑪ hand

Date 6/14/20 Time 10:20A

Signature/Provider # ↓ ↓ ↓ RN Transcribing Order/Provider #/Date/Time _____

Subjective: Cleansed areas ② NS
④ active bleeding dscd applied
T/O Dr. Hasen

Last Name _____
DIN _____ Location _____

Objective: Send to St. Lukes by van
Watch Commander made
aware.

Date _____ Time _____

Provider Orders: NS out Time ↑

Assessment: 1m wrists wrapped in clean gauze
② tape per previous AHR possible adverse
reaction to handcuffs.

Plan: Ambulatory to state van.

Signature/Provider # [Signature] 677 RN Transcribing Order/Provider #/Date/Time _____

Subjective: Return from OSH
4 staples in place
NAD noted ATOX3

Last Name Brown
DIN 16A1000 Location CC

Objective: T/O Dr. Hasen
Admit to infirm 72hr

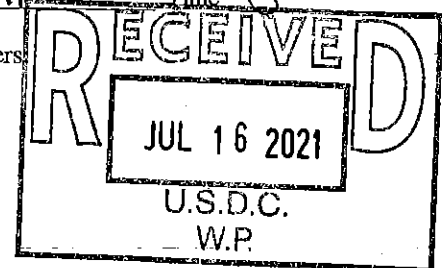
Date 6/14/20 Time 3:15

Provider Orders: _____

Assessment: quarantine
continue current meds

Plan: _____

Signature/Provider # [Signature] 677 RN Transcribing Order/Provider #/Date/Time _____



Continue entry into next box if necessary.

FORM 3105 (11/11)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

AMBULATORY HEALTH RECORD PROGRESS NOTE

Name	Brown, M	DIN	16A1000	Date of Birth	12/27/92	Facility Name	F.C.F.
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Subjective: 27 yr old pt came from c.c. S/p hospital visit / head injury to S200. Report received from

Objective: the clinic nurse Cebon, RN. As per

Assessment: the nurse. Pt returned to go to infirmary. Pt AAOX3 breathing normal no resp. dist or SOB noticed. Lung sound clear. Pt ambulate freely, able to open mouth widely and bend on hip level. Pt have 4 staples on the frontal area (scalp)

Plan:

Signature/Provider # _____ RN Transcribing Order/Provider #/Date/Time _____

Subjective: Pt denies any pain or discomfort	Last Name	Brown, M
& active bleeding noticed, & S/S infection	DIN	16A1000
Objective: As per pt & other counsel	Date	06/14/20
Assessment: present. omit make aware. Pt denies any suicidal or homicidal ideation. Explained s/c policy. Pt verbalize understanding	Location	S200
Plan: Pt placed on the quarantine side. Will continue monitoring	Time	5 ³⁰ p-
Pt vs. - T-98 P-98 R-18 Bp-134/89 PO2-100	Signature/Provider #	_____
Signature/Provider # _____	RN Transcribing Order/Provider #/Date/Time	_____

Subjective: Second HOSPITAL ESC TRIP	Last Name	Brown, M
Officer came to NSY office and said	DIN	16A1000
IM bleeding from his head. Went	Date	06/14/20
Objective: over pt is sitting on the bunk check	Location	S200
Pt. head. found laceration on the (R) side of the scalp	Time	8pm
Assessment: & active bleeding noticed. Pt said "I feel itching on my scalp, I scratched my self. Then I noticed that blood is coming out"	Provider Orders:	
Plan: clean the area to		
and covered to gauze. Called on call Dr made aware		
Pt vs. - T-98 P-94 R-19 Bp-134/86 PO2-100%	Signature/Provider #	_____
Signature/Provider # _____	RN Transcribing Order/Provider #/Date/Time	_____

Continue entry into next box if necessary.

FORM 3105 (11/11)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

AMBULATORY HEALTH RECORD PROGRESS NOTE

Name <u>Brown M</u>	DIN <u>16A1000</u>	Date of Birth <u>12/27/92</u>	Facility Name <u>F.C.P.</u>
---------------------	--------------------	-------------------------------	-----------------------------

Subjective: <u>T/O Dr. Hanna</u>	Last Name <u>Brown M</u>
	DIN <u>16A1000</u> Location <u>Sec</u>
Objective: <u>Set pt to St. Lukes Hsp</u>	Date <u>06/14/20</u> Time <u>8pm</u>
Assessment: <u>by van</u>	Provider Orders:
<u>catch commander outside aware, A/O for transportation</u>	
Plan:	
Signature/Provider # <u>Murphy</u> RN Transcribing Order/Provider #/Date/Time _____	

Subjective:	Last Name <u>Brown M</u>
<u>Pt transported to St. Lukes Hsp</u>	DIN <u>16A1000</u> Location <u>Sec</u>
Objective:	Date <u>06/14/20</u> Time <u>920pm</u>
Assessment: <u>hurt</u>	Provider Orders:
<u>report given to the ER</u>	
Plan:	
Signature/Provider # <u>Murphy</u> RN Transcribing Order/Provider #/Date/Time _____	

Subjective:	Last Name _____
	DIN _____ Location _____
Objective:	Date _____ Time _____
Assessment:	Provider Orders:
Plan:	
Signature/Provider # _____ RN Transcribing Order/Provider #/Date/Time _____	

Continue entry into next box if necessary.

PAGE 1

STATE OF NEW YORK
DEPT OF CORRECTIONS AND COMMUNITY SUPERVISION
UNUSUAL INCIDENT REPORT

PRINTED AT
08/28/20 12:55 PM

FISHKILL KEEPLOCK

INCIDENT DATE 06/14/20 TIME 10:05 AM LOCATION YARD

TELEPHONE DATE 06/14/20 TIME 05:09 PM

PERSON CALLING LT T. DACOSTA
PERSON RECEIVING CAPT [REDACTED] FRENYA

REPORT DATE 08/26/20 PERSON REPORTING CIV D. MAUME

USE OF FORCE YES WEAPON USED YES WORKPLACE VIOLENCE YES

ASSAULT
ON INMATE

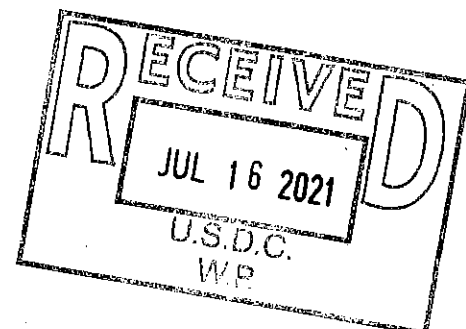
STAFF USE OF WEAPONS
OC PEPPER

DESCRIPTION:

OFFICER YUNES WAS SUPERVISING INMATES [REDACTED] AND BROWN #16A1000 (JH-00-007) IN THE 21A KEEP LOCK YARD. BOTH INMATES WERE IN THE YARD WITH MECHANICAL WRIST RESTRAINTS AND WAIST CHAINS ON. INMATE [REDACTED] WAS ABLE TO SLIP OUT OF THE WAIST CHAIN. INMATE [REDACTED] STARTED SWINGING THE WAIST CHAIN STRIKING INMATE BROWN IN THE UPPER BODY AREA APPROXIMATELY (14) TIMES. INMATE BROWN FELL TO THE GROUND AND ATTEMPTED TO DEFEND HIMSELF BY KICKING HIS LEGS TOWARDS INMATE [REDACTED] INMATE [REDACTED] CONTINUED SWINGING THE WAIST CHAIN AND STRIKING INMATE BROWN. OFFICER YUNES GAVE BOTH INMATES DIRECT ORDERS, WHICH THEY DID NOT COMPLY. OFFICER MINARD OBSERVED THE COMMOTION AND USED HIS PAS RADIO TO CALL FOR A CODE, THE AREA SUPERVISOR SERGEANT DEACON RESPONDED.

EVENTS CAUSING:

WHILE IN THE 21A KEEP LOCK YARD INMATE [REDACTED] WAS ABLE TO SLIP OUT OF THE WAIST CHAIN AND STARTED SWINGING THE WAIST CHAIN STRIKING INMATE BROWN IN THE UPPER BODY AREA APPROXIMATELY 14 TIMES.



PAGE 2

STATE OF NEW YORK
DEPT OF CORRECTIONS AND COMMUNITY SUPERVISION
UNUSUAL INCIDENT REPORT

PRINTED AT
08/28/20 12:55 PM

FISHKILL KEEPLOCK

INCIDENT DATE 06/14/20 TIME 10:05 AM LOCATION YARD

USE OF FORCE YES WEAPON USED YES WORKPLACE VIOLENCE YES

ACTION TAKEN:

OFFICERS DELBIANCO, MINARD, VELEZ AND WALSH RESPONDED. OFFICER DELBIANCO APPLIED 1 APPLICATION OF O/C PEPPER SPRAY CONSISTING OF 2-1 SECOND BURSTS FROM CANISTER [REDACTED] TO INMATE BROWN AND [REDACTED] FACIAL AREA. THE PEPPER SPRAY HAD THE DESIRED EFFECT ON INMATE BROWN. OFFICER VELEZ WAS ABLE TO MAINTAIN CONTROL OF INMATE BROWN AND ASSIST HIM TO HIS FEET. INMATE [REDACTED] CONTINUED TO RESIST, OFFICERS DELBIANCO AND YUNES USED BODY HOLDS APPLYING DOWNWARD PRESSURE TO MAINTAIN CONTROL OF INMATE [REDACTED] UPPER BODY. OFFICER WALSH USED BODY HOLDS TO MAINTAIN CONTROL OF INMATE [REDACTED] LEGS. OFFICER MINARD WAS ABLE TO USE BODY HOLDS TO REMOVE THE MECHANICAL WRIST RESTRAINT FROM INMATE [REDACTED] LEFT WRIST TO REMOVE THE WAIST CHAIN. OFFICER DELBIANCO TOOK CONTROL OF INMATE [REDACTED] RIGHT ARM AND FORCED IT BEHIND HIS BACK. OFFICER WALSH RELEASED [REDACTED] LEGS AND ASSISTED DELBIANCO BY FORCING [REDACTED] LEFT ARM BEHIND HIS BACK. OFFICER DELBIANCO REAPPLIED MECHANICAL WRIST RESTRAINTS TO HIS LEFT WRIST. ALL FORCE CEASED. OFFICERS DELBIANCO AND WALSH ASSISTED INMATE [REDACTED] TO HIS FEET. BOTH INMATES WERE TAKEN TO THE FACILITY'S RMU FOR DECONTAMINATION PER DIRECTIVE 4903 AND MEDICAL ASSESSMENT. NURSE HOEFLING EXAMINED BOTH INMATES AND DOCUMENTED THE FOLLOWING INJURY: INMATE BROWN SUFFERED A 1 1/4 INCH LACERATION TO HIS FOREHEAD, 2 1/2 INCH BY 2 1/2 INCH SWOLLEN AREA IN BACK OF HIS HEAD AND SUPERFICIAL ABRASIONS ON HANDS, ELBOWS AND LEGS. INMATE BROWN WAS TRANSPORTED TO ST. LUKE'S HOSPITAL EMERGENCY ROOM VIA STATE VAN FOR FURTHER MEDICAL ASSESSMENT. INMATE [REDACTED]

SERGEANT DEACON HAD INMATES [REDACTED] AND BROWN (JH-00-007) CELLS SEARCHED NO REPORTED CONTRABAND FOUND. INMATE [REDACTED] REMAINED IN CELL [REDACTED]. BOTH INMATES REMAINED ON KEEP LOCK STATUS. INMATE BROWN RECEIVED FOUR (4) STAPLES TO CLOSE THE WOUND BY DR. GOLDSTEIN AT ST. LUKE'S HOSPITAL. INMATE BROWN WAS ADMITTED (HS-2W-S06). O/C PEPPER SPRAY CANISTER [REDACTED] WAS TAKEN OUT OF SERVICE AND PLACED IN THE FACILITY'S ARSENAL PER DIRECTIVE 4903. DIGITAL PHOTOS WERE TAKEN. ALL PAPERWORK WAS SUBMITTED. OD DSP WOOD NOTIFIED.

PAGE 3

STATE OF NEW YORK
DEPT OF CORRECTIONS AND COMMUNITY SUPERVISION
UNUSUAL INCIDENT REPORT

PRINTED AT
08/28/20 12:55 PM

FISHKILL KEEPLOCK

INCIDENT DATE 06/14/20 TIME 10:05 AM LOCATION YARD

USE OF FORCE YES WEAPON USED YES WORKPLACE VIOLENCE YES

MEDICAL REPORT:

INMATE BROWN HAD A 3CM LACERATION ON THE RIGHT SCALP PROXIMAL TO HAIRLINE, SWOLLEN AREA ON THE BACK SIDE OF BASE OF HES HEAD 7CM X 7CM, 2 SUPERFICIAL ABRASIONS 1CM X 1CM, BILATERAL SUPERFICIAL ABRASIONS ON ELBOWS, 2 SUPERFICIAL ABRASIONS BELOW LEFT KNEE, SUPERFICIAL ABRASION RIGHT 3RD FINGER TIP, 2 SUPERFICIAL ABRASIONS LEFT HAND TOP PROXIMAL TO DIGITS.
INMATE

D. CEBRON

/NURSE

EXAMINER NAME/TITLE

06/14/20 10:20 AM

EXAM DATE/TIME

PROPERTY DAMAGE:

N/A

NOTIFICATION (FAMILY):

N/A

DIDNT contact my family

NOTIFICATION (POLICE/OTHER):

N/A

 INMATE GRIEVANCE PROGRAM SUPERINTENDENT	GRIEVANCE NO.	DATE FILED
	FACILITY	POLICY DESIGNATION
	TITLE OF GRIEVANCE	CLASS CODE
	SUPERINTENDENT'S SIGNATURE	DATE
GRIEVANT	DIN.	HOUSING UNIT
BROWN, M.	#16A1000	OS-C1-22B

Grievant's action requested is denied with clarification.

Grievant is advised that an investigation has been conducted by the Captain's Office. It was revealed that grievant was assaulted in the keep lock yard on 6/14/20 by another inmate. Significant staff responded as expeditiously as possible, and force was required to stop the assault. The assault was documented in an Unusual Incident and Use of Force in accordance with Departmental policy. An inmate serving a SHU sanction is required to be in restraints while in the keep lock yard per the DSS, and a restraint order was issued. It is noted that restraints are applied per DOCCS policy and every precaution is taken to make sure restraints are not compromised.

*I was never issued a deprivation
 vlr & a shu inmate is entitled to
 an hour rec I was suppose to be in the shu
 xc: DSS Urbanski (w/case file)*

APPEAL STATEMENT

If you wish to refer the above decision of the Superintendent please sign below and return this copy to your Inmate Grievance Clerk. You have seven (7) calendar days from receipt of this notice to file your appeal.* Please state why you are appealing this decision to C.O.R.C.

*Staff present Sgt and watch the assault for
 five minutes and inmate serving SHU is entitled
 to an hour of recreation that does not mean
 full restraints*
M. Brown
 GRIEVANT'S SIGNATURE

7/27/20
 DATE

GRIEVANCE CLERK'S SIGNATURE

DATE

* An exception to the time limit may be requested under Directive #4040, section 701.6(g).

ATTICA CORRECTIONAL FACILITY
BOX 149

ATTICA, NEW YORK 14011-0149

NAME: MAIK BROWN DIN: 10A1000

ATTICA

NEOPOST

FIRST-CLASS MAIL

07/13/2021

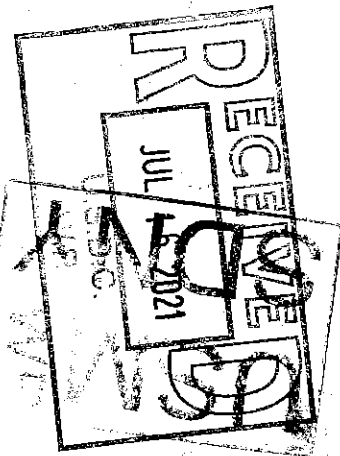
US POSTAGE

\$000.71

CORRECTIONAL FACILITY



ZIP 14011
041M11284163



PRO SE INTAKE UNIT
United States District Court
Southern District of New York
300 QUARROPS Street
WHITE PLAINS, NY 10601
1060134140 CC04

Legal mail

ATTICA CORRECTIONAL FACILITY

BOX 149

ATTICA, NEW YORK 14011-0149

NAME: MAIK BROWN DIN: 10A1000

ATTICA

NEOPOST

FIRST-CLASS MAIL

07/13/2021

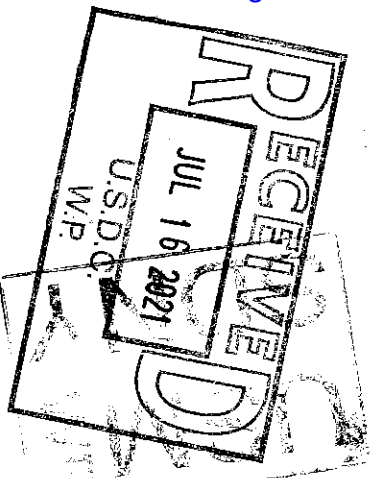
US POSTAGE

\$000.91

CORRECTIONAL FACILITY



ZIP 14011
041M11284163



Legal mail

PRO SE INTAKE UNIT
United States District Court
Southern District of New York
300 QUARROPS Street
WHITE PLAINS, NY 10601
1060134140 CC04

Legal mail

ATTICA CORRECTIONAL FACILITY

BOX 149

ATTICA, NEW YORK 14011-0149

NAME: MAIK BROWN DIN: 10A1000

ATTICA

NEOPOST

FIRST-CLASS MAIL

07/13/2021

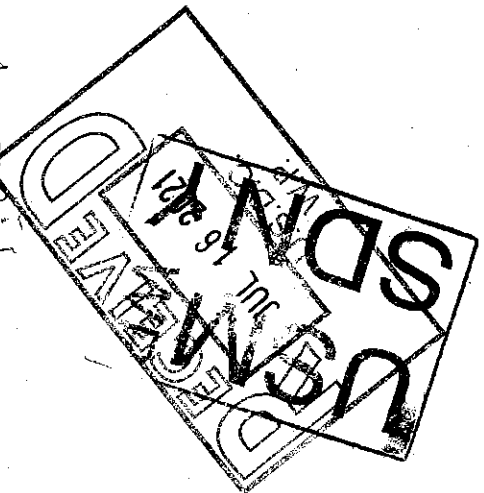
US POSTAGE

\$000.71

CORRECTIONAL FACILITY



ZIP 14011
041M11284163



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PRO SE INTAKE UNIT
United States District Court
Southern District of New York
300 QUARROPS Street
WHITE PLAINS, NY 10601
1060134140 CC04

Legal mail